Start Card No. WELL REPORT Water Right Permit No STATE OF WASHINGTON ARLINGTON, WA 98223-50125 246TH STREET N.E. (1) OWNER: Name GIBBONS, BOB Adoress -SW 1/4 NW 1/4 Sec 24 T 32 N., R 2E WM (2) LOCATION OF WELL: County ISLAND (2a) STREET ADDRESS OF WELL (or nearest address) (10) MELL LOG (3) PROPOSED USE: MUNICIPAL Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kin and nature of the material in each stratum penetrated, wi Owner's Rumber of well (4) TYPE OF WORK: (If more than one) Method: ROTARY at least one entry for each change in formation. Diameter of well 6 inches (5) DIMENSIONS: MATERIAL Depth of completed well 119 ft. Drilled 123 BROWN GRAVEL & SAND & CLAY BROWN SAND & CLAY BROWN GRAVEL & SAND BROWN CLAY & SAND (6) CONSTRUCTION DETAILS: ft. to 115 ft. to ft. to Dia. from +2 Dia. from ft. Casing installed: ft. WELDED BROWN SAND ft. Dia. from BROWN SAND & GRAVEL BROWN GRAVEL & SAND & WATER Perforations: NO Type of perforator used SIZE of perforations **BROWN CLAY** in. by in. GRAY CLAY ft. to ft. ft. perforations from perforations from ft. to perforations from Screens: YES Manufacturer's Name Type STAINLESS STEEL HOWARD SMITH Model No. KO from 114 ft. to 119 from ft. to slot size 50 Diam. 6 Diam. slot size Gravel packed: NO Size of gravel fŧ. ft. to Gravel placed from RECEIVED To what depth? 18 Material used in seal BENTONITE DEC 2 () 1991 Did any strata contain unusable water? NO Type of water?

Depth of Depth of strata Method of sealing strata off ISL, CTY, HEALTH DEP! (7) PUMP: Manufacturer's Name Type tand-surface elevation (8) WATER LEVELS: above mean sea level .. 93.5 ft. below top of well Date 09/17/91 Static level Artesian Pressure lbs. per square inch Date Artesian water controlled by Completed 09/17/91 Work started 09/17/91 (9) WELL TESTS: Drawdown is amount water level is lowered below WELL CONSTRUCTOR CERTIFICATION: y) WELL 18515; Diamoun...

static level.
Was a pump test made? NO If yes, by whom?

Was a pump test made with ft. drawdown after I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials use and the information reported above are true to my best knowledge and belief. hrs. Recovery data NAME HAYES DRILLING, INC. (Person, firm, or corporation) (Type or print) Water Level Time Water Level Time Water Level Time ADDRESS 556 ERSHIG RD. BON. WA est / / ga!/min. 0 ft. dr gal/min. w/ stem set at Date of test Diller 1 icense Ho. 762 [SIGNED L ft. drawdown after 1 hrs. Bailer test 20 ft. for hrs. Air test Date Contractor's Artesian flow ց,թ.ա. Was a chemical analysis made? NO Registration No. HAYESDI106J5 Temperature of water

FROM

6

120

Date 09/24/91

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.



## Well lagging Form

State Dept of Health

perwattersystem file

AGA 759/0014

Unique Well Tag No: Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office ne " (שסע Verification inconclusive Weil Report not available First Name: FINISTERRE HEIGHTS W.S. Last Name: Street Address: LOCATION OF WELL, IEDIEFERENTEROWWELL REPO BETWEEN QSE DACTOUR GPS Topographic Map Survey ' \*\*\* Longitude Computer generated Digital Altimeter feet/meters (circle one) Elevation at land surface Topographic Map Additional information, if available: Location marked on topographic map (please attach)

Location marked on air photo (please attach)

32/2E/24M

Start Card No.
Water Right Permit No.

W F T E R W E L L R E P O R T STATE OF MASHINGTON

(1) OWNER: Name GIBBONS, BOB Address 50125	246TH STREET N.E. ARLINGTON, WA 98223-
(2) LOCATION OF WELL: County ISLAND (2a) STREET ADDRESS OF WELL (or nearest address)	-SW 1/4 NW 1/4 Sec 24 T 32 N., R 2E WM
(3) PROPOSED USE: MUNICIPAL	(10) WELL LOG
(4) TYPE OF WORK: Owner's Number of well	Formation: Describe by color, character, size of material
(4) TYPE OF WORK: Owner's Number of well (If more than one) 1 NEW WELL Method: ROTARY  (5) DIMENSIONS: Diameter of well 6 inches Drilled 123 ft. Depth of completed well 119 ft.	and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.
(5) DIMENSIONS: Drameter of well 6 inches Drilled 123 ft. Depth of completed well 119 ft.	MATERIAL FROM TO BROWN GRAVEL & SAND & CLAY 0 6
(6) CONSTRUCTION DETAILS: Casing installed: 6 Dia. from +2 ft. to 115 ft. WELDED Dia. from ft. to ft. Dia. from ft. to ft.	! RROWN SAND. # CLAY : 6 : 42
Perforations: NO Type of perforator used SIZE of perforations in. by in. perforations from ft. to ft. perforations from ft. to ft. perforations from ft. to ft.	BROWN GRAVEL & SAND & WATER 94 120
Screens: YES Manufacturer's Name Type STAINLESS STEEL Model No. KO Diam. 6 slot size 50 from 114 ft. to 119 ft. Diam. slot size from ft. to ft.	
Gravel packed: NO Size of gravel Gravel placed from ft. to ft.	RECEIVED
Surface seal: YES To what depth? 18 ft. Material used in seal BENTONITE Did any strata contain unusable water? NO Type of water? Depth of strata ft. Method of sealing strata off	
(7) PUMP: Manufacturer's Name Type H.P.	THEALTH DEP!
(8) WATER LEVELS:  Land-surface elevation above mean sea level ft.  Static level 93.5 ft. below top of well Date 09/17/91 Artesian Pressure lbs. per square inch Date	
Artesian water controlled by	Work started 09/17/91 Completed 09/17/91
(9) WELL TESTS: Drawdown is amount water level is lowered below static level.	WELL CONSTRUCTOR CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all
Was a pump test made? NO If yes, by whom? Yield: gal./min with ft. drawdown after hrs.	struction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.
Recovery data Time Water Level Time Water Level Time Water Level	NAME HAYES DRILLING, INC. (Person, firm, or corporation) (Type or print)
Date of test / /	ADDRESS 556 ERSHIG RD. BOW, WA
Bailer test 20 gal/min. 0 ft. drawdown after 1 hrs. Air test gal/min. w/ stem set at ft. for hrs.	[SIGNED] Sture Differ License No. 762
Artesian flow g.p.m. Date Temperature of water Was a chemical analysis made? NO	Contractor's
	1807

1887 WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

WASHINGTON, STATE
E C O L O G Y

## Well Tagging Form

Unique Well Tag No:

AGA 754 02145/50

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RECORDVERIEG	the makes of the second of
Well Report available (please attach this form to you)	the well report and submit it to the Ecology Regional Office near.
Verification inconclusive	The second was a second with the second was a
Well Report not available	MATCH TO SEASON TO THE SEASON
WELLOWNERSHIP, IF DIEE	ERENTEROMWEILEREPORTS
First Name: FINISTERRE HEIGHT W.S.	Last Name:
Street Address:	
City:	State:
LOCATION OF WELL, IF DIFF	Erenteromwell report
Well Address: SEDERALD ZOG W ME	Eagin pr
City:	County:
TN. RW.M. Sec	1/4 of the
HOKAVEEVE	YUNEONIY
Latitude	GPS
The state of the s	Topographic Map
Longitude	Survey Computer generated
Elevation at land surfacefeet/meters	(circle one) Digital Altimeter Topographic Map
Additional information, if available:	Other
Location marked on topographic map (please attack	ካ) መ
Location marked on air photo (please attach)	le Dept of Health
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iis We	WEILCHARACTERISTICS
on the	Tysical Description of well (size of casing, type of well, housing, etc.)  ("CASING INSIDE ATTACHED HOUSE (h 3,5' × 3.5' × 4') TO
nation	P.H. BOTH BARY BLUE W/ WHITE trim. WOOD SIDING ON BOTH.
nforn	PH. ( 15'x15' x 18') WITH CARLED EOCF.
· the l	ocation of Well identification Tag:
ind/or	
)ata a	as supplemental tag needed for ease of identifying well?  Yes  No
the	es, where was tag placed?
ranty	D C B A Scale 1:24,000 (1"=2,000")
т Waı	Indicate the location of the well within the Section by drawing a dot at that point.
S NO	M - L - K J
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<b>Ecology</b>	
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<b>Department</b>	
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Dep	er Right # Date Issued
The	le One: Application Permit Certificate Claim Exempt